## STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	$\sim$				
I. Name of Lobbyist(	(s) Gina M	. Balkus			
II. Name of lobbyist'	's partnership, firm or	corporation, if a	anv:		
Court. 5	tata Homa	Hankle A	550 Ciation		
(Nar	ne of partnership, firm or	corporation)	POULAUM.		<del></del>
8 600	n 64	Course	- /	. //	02741
Business Address: (St	reet)	(Town/City)	(S	<i>IH</i> tate)	(Zip Code)
603 225-55	<u> 197 (60)</u>	2) 275-58	2/7 a mail.	shalkus	Thomana cont
(Telephone)		(Fax	) e-man	TOWN	w inneconstitu
	overs: (Choose one – f			)	
eportable expense to	ransactions which are	not attributable	to any one client).	JK you may m	ie a separate report
All reportable tran	sactions occurring in th	e months prior to	the reporting date re	lative to the fol	llowing client:
Canita	State 4mm	Hookh	Association	Λ	•
() Harring	(Full Name of Client as	it appears on the Lo	obbyist Registration Fo	rm)	
R	•	,,	,	····,	
All reportable trans	actions by the lobbyist	(including the lot	bvist's family), or th	ne lobbying firm	n listed below which
related to any partic	ular client.	Ç			
. Date of Report	April 25, 2018		July 25, 20	18 4	
ports cover: activi	ity from date of registrati	on to 3/31/18	activity from 4/1/18	8 to 6/30/18	
	October 31, 2018		January 30	, 2019 🗆	
	activity from 7/1/18 to 9/3	30/18	activity from 10/1/	18 to 12/31/18	
There have been	no fees received an	d no reportable	transactions ma	la sinca tha la	ast report.
	complete just this form				
oncord, NH 03301.	,		ie deer chary by chare	s office, state	
Check if addition:	al reports are attached	d•			
/	ed fees or made expend		ile <b>Addendum A</b> F	ees and Expens	ses
	n honorarium or reimbu				
pense Reimburseme				•	
If you, your firm, o	or your family has made	e political contrib	utions, you must file	Addendum C	- Political Contribut
			•		
vorn Statement/Affi	irmation by Lobbyist				
nave read RSA 1/5, RS	SA 1,5-B, RSA 14-C an	d RSA 664 and h	ereby swear or affirm	n that the foreg	oing information is t
d complete to the bes	st/of my knowledge and	d belief.		//	-
_/// )/11/	Klin		./	2/19	
ingnature of lobbyist)			<del>//</del>	(Date)	<del></del>
AA I	A . 1/1.		, ,	(Date)	
Winn M. L	Jakus	÷ <del></del>			
Print Name of Jobbyis	et.)				

#### P L E A S E P R I N T

### STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	
II. Name of lobbyist's partnership, firm or corporation, if any:	,
Grante State Home Health Association	m
(Name of partnership, firm or corporation)  III. Name of Client Grante State Home Health Associa	The Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	
c) Total of all fees received to date (Add lines a and b)	c)\$ <i>8_000</i>
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reported any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$4960
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	a) \$

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 4960 f)\$ 9920
f) Total of all expenses year to date	ns_9920
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
·	\$
• ,	\$
·	\$
	'
	N.
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
// MKUD	1/3/19
(Signature of tobbyist)	/(L)ate)
(Print Name of lobbyist)	
( · · · · · · · · · · · · · · · · · · ·	

#### STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	Tina M. E		<del></del>
II. Name of lobbyist's part			,
Gravite Stat	to Home He	exth Associate	
(Name of partn	ership, firm or corporation) with State H	one Health Ass	60C.Date 1/3/19
		*	
<b>Political Contributions</b> For each political contributi	ion that is reportable	pursuant to RSA Chapte	er 664 paid on behalf of the
client/lobbyist and lobbying			
Full name of candidate:	Rosenwald	Cindi	
	•	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking State Sena
enter an estimated value and the	ne word "estimate."		
		(Eiest Nama)	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind contribution c	(Last Name) d contribution, provide	(First Name) Office Candidate is Sandidate and description of the goods	(Middle Name/Initial)  Seeking  s or services provided, and enter t
Full name of candidate: Amount of contribution \$ f the contribution is an in-kind contributed cost of the in-kind contributer an estimated value and the	(Last Name)  d contribution, provide ribution on the line about word "estimate."	(First Name) Office Candidate is Sandidate and description of the goods	(Middle Name/Initial)  Seeking  s or services provided, and enter the tion. If the actual cost is not know
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name)  d contribution, provide ribution on the line about word "estimate."	(First Name)  Office Candidate is Saturdate and description of the goods we for amount of contribut	(Middle Name/Initial)  Seeking  s or services provided, and enter the tion. If the actual cost is not know
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name)  d contribution, provide ribution on the line about word "estimate."	(First Name)  Office Candidate is Saturdate and description of the goods we for amount of contribut	(Middle Name/Initial)  Seeking  s or services provided, and enter the store of the actual cost is not known.

contributions on separate addendum C forms.)
nereby swear or affirm that the foregoing information
nd belief.
//
1/3/19
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